

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005416

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

282

STATE FILE NUMBER

FILED MAR 6 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,		c. CITY OR TOWN St. Joseph,	
Length of stay in 1b Most of Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Meth. Hosp. & Med. Center		d. STREET ADDRESS (If outside, give location) 1830 Lovers Lane	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HAROLD Middle R. Last SONTHEIMER		4. DATE OF DEATH Month March Day 2 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 6, 1911
9. AGE (last birthday) 51	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager		11. BIRTHPLACE (City and state or country) St. Joseph, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager		10b. KIND OF BUSINESS OR INDUSTRY Quaker Oats Co.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Goley V. Sontheimer	
13b. MOTHER'S MAIDEN NAME Mary Lou Sollars		14. NAME OF HUSBAND OR WIFE Vivian Dunavant Sontheimer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. Mrs. Vivian D. Sontheimer-St. Joseph, Mo.	
17. INFORMANT Mrs. Vivian D. Sontheimer-St. Joseph, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) Generalized Bacteremic Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Stydylococcal pneumonia, suppurative DUE TO (b) Bacteremia DUE TO (c) Stydylococcal pneumonia, suppurative		INTERVAL BETWEEN ONSET AND DEATH Hours 2 Days 8	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pleurisy; effusion; empyema.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. IDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10:15 AM Month, Day, Year Feb. 28, 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Joseph, Missouri		
21. I attended the deceased from Feb. 28, 1963 to Mar. 2, 1963 and last saw her alive on Mar. 2, 1963 Death occurred at 10:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) C. A. Potter, Jr., M.D.	
22b. ADDRESS 301 Phys & Surg Bldg.,		22c. DATE SIGNED 3-4-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 4, 1963	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Mar. 5, 1963	26. REGISTRAR'S SIGNATURE Wm. Clark Woodell	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

C. A. Potter, Jr., M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 13 1963

Permitted 3/14/63

2112
2112

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

David J. Phares

Licensed Embalmer No. 4679

C.P.O. Address St Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.